

Case Number:	CM14-0161838		
Date Assigned:	10/07/2014	Date of Injury:	05/15/2013
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31-year-old female who reported injury on 05/15/2013. Reportedly, while the injured worker was working as an officer for the [REDACTED], responding to a call the injured worker sustained a low back injury while her radio belt got caught on the seat as she twisted to exit her patrol car. The injured worker's treatment history included pre-surgical psychological evaluation, medications, epidural steroid injections, pre-surgical psychological screening, and cognitive behavioral treatment and physical therapy sessions. The injured worker was evaluated on 08/20/2014 and it was documented the injured worker had ongoing low back and thoracic pain and was frustrated by delay in getting surgery approved. Physical examination, the injured worker was in no apparent distress. The injured worker ambulates without a device. Gait of the injured worker was normal. The injured worker was evaluated on 09/19/2014 and it was documented the injured worker complained of low back. It was documented overall she had improvement in her low back pain that she noted with the frame, she was able to get much better position for comfort and was having less hip pain since her only option was not necessarily lying on her side and she was more comfortable when she was lying on her back. The injured worker noted her pain ranged from 4/10 to 8/10. Physical examination revealed tenderness with light touching of the thoracic and lesser of the lumbosacral spine. She had put on some weight in the course of this injury. She does try to watch her diet and walk as best as she can. She guards forward flexion to touch her mid-thigh and extension 10 degrees and increases her back pain as well. She stands in the room. She was able to sit down and stand up, though she does so guarding it and straight leg raising gives her pain in the low back. On 09/23/2014 the injured worker had improvement in her sleep due to her new bed. She goes to the gym daily and socializes 2 to 3 times a week. Diagnoses included pain in thoracic spine and lumbago. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Adjustable Bed Frame: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (bedding)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment. Low Back Lumbar & Thoracic. Mattress Selection.

Decision rationale: The requested adjustable bed frame is not medically necessary. According to the Official Disability Guidelines (ODG) state that Durable medical equipment for home use are for medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, Sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The documentation submitted stated the adjustable bedframe allowed the injured worker better positioning since she had trouble with prolonged standing and walking with her thoracolumbar injury she had trouble with position. However, per the guidelines medical equipment for house are for medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Furthermore, the guidelines do not recommend an adjustable bed frame and there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Except a consideration can be recommended as follows; on the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. The documentation submitted failed to indicate the injured worker having physical limitations that would require the purchase of an adjustable bedframe. Moreover, or having spinal cord injury. As such, the request for an adjustable bedframe is not medically necessary.